UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE REPORTS Last Name First Name and Middle Initial New Employee Report Senate Office / Agency in Which Employed Date of Employment (mm/dd/yy): Eichhorn **US Senator** George S. Senate/Candidate Office Address (Number, Street, City, State, and ZIP) Senate/Candidate Office Telephone No. Candidate Report State in which you are a candidate Commencement of Candidacy PO Box 1817, Des Moines, IA 50305 (mm/dd/yy): (515) 864-0164 lowa 04/22/08 AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS YES NO YES NO Did you or your spouse have earned income (e.g., salaries or fees) or noninvestment income of more than \$200 from any reportable source in the Did you hold any reportable positions during the reporting period? X reporting period? If Yes, Complete and Attach PART VIII. If Yes, Complete and Attach PART II. Did you, your spouse, or dependent child hold any reportable Did you have any reportable agreement or arrangement with an outside asset worth more than \$1,000 at the end of the period or receive unearned X entity on the filing date? or investment income of more than \$200 in the reporting period? If Yes, Complete and Attach PART IX. If Yes, Complete and Attach PART IIIA and/or IIIB. Did you, your spouse, or dependent child have any reportable liability Did you receive compensation of more than \$5,000 from a single source in (more than \$10,000) during the reporting period? the two prior years? X If Yes, Complete and Attach PART VII. If Yes, Complete and Attach PART X. Each question must be answered and the appropriate PART attached for each "YES" response. File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date. This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be FOR OFFICIAL USE ONLY made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be Do Not Write Below this Line reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.) Certification Signature of Reporting Individual Date (Month, Day, Year) I CERTIFY that the statements I have made on this form and all 05/20/08 attached schedules are true. complete and correct to the best of my knowledge and belief. For Official Use Only - Do Not Write Below This Line Signature of Reviewing Official Date (Month, Day, Year) It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.

Individual's	

PART II. EARNED AND NON-INVESTMENT INCOME

Page Number

2

Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

Individuals not covered by the Honoraria Ban:

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

	Name of Income Source	Address (City,	, State) Type	e of Income	Amount
Example:	JP Computers	Wash., DC Examp	pie Salary	Example	\$15,000
	MCI (Spouse)	Arlington, VA Exar	ample Salary	Example	Over \$1,000
1 Ruete	er & Zenor Co.	Grand Junction, IA		Salary	86,000
² Wellm	mark, Inc. (spouse)	Des Moines, IA	·	Salary	Over 1,000
3					
4					
5					
6					1
7					1
8					1
9					
10					
1					
2					
3					
4					

appropriate.

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

tra	Identity of Publicly Traded Assets And Unearned Income Sources eport the complete name of each publicly aded asset held by you, your spouse, or your			At	the f Noi	Uati close ne, o neck t	ion e of r r les	epor s tha	Ass ting in \$1	perio ,001				lf	"Noi		ir	s tha	es in	:01)" icom	Type a is Check ne receive	nd <i>i</i> ed, r	no ot	oun her e	nt of entry to th	is ne be	eede	ed in t of th	ne in	divid	lưal.	ıat ite	em. This
In ide	ependent child, (See p.3, CONTENTS OF PEPORTS Part B of Instructions) for roduction of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete lentification of each public bond, mutual fund, sublicly traded partnership interest, excepted exestment funds, bank accounts, excepted and qualified blind trusts, and publicly traded essets of a retirement plan.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Dividends	Rent	Interest		tment Fund		Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000		\$50,001 - \$100,000	\$100,001 - \$1,000,000		000,000	0,000	Actual Amount Required if "Other" Specified
Ex	sample: DC, IBM Corp. (stock)				Х									Х							Example		Х										Example
	or J (S) Keystone Fund		_			X							_			Х		Х	_		Example	Х											Example
1	Am. Funds, Cap. World G&I (MF)		×															×		l		x											
2	Am. Funds, Europacific G (MF)		×															×				x											
3	Fidelity Contrafund (MF)		×															×					×								П		
4	Royce Premier (MF)		×															×				×											
5	T Rowe Price Equity I. (MF)		×														Î	×				x											
6	Fidelity Value (MF)		×															×				x											
7	T Rowe Price Personal Srat. G (MF)		×															×	1			×					-					\top	
8	Vanguard Mid Cap Index (MF)		×															×			***	x										1	
9	Vanguard Small Cap G Fund (MF)		×															×				×									$ \top $		
10	AXA Equitable Fund (MF)		×															×	\top			×		\exists								\exists	
	EMPTION TEST (see instructions before marking box): If y This category applies only if the asset is/was held indepen propriate.	ou den	omitte tly by	ed a	ny as spot	set b use o	oeca or de	use pend	it me dent	ets t	he th	hree- he as	part sset	test is/w	for e	xem ther	ption held	des by th	cribe e file	ed in er or	the instru	ictio	ns, p ise th	leas ne ot	e ch	eck cate	box f gorie	to the	e rigi valu	nt. e, as	;		

Reporting	Individual's	Name

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

4

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources

Report the complete name of each publicly

BLOCK B Valuation of Assets

At the close of reporting period. If None, or less than \$1,001, Check the first column.

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

tr.	aded as	set held by you, your spouse, or your nt child, (See p.3, CONTENTS OF	L				eck (.110 111	ist co	Julin							Ту	ре	of l	nco	me						Am	oui	nt o	f In	con	ne		
R pi In id pi in ai	REPORT roductio (1) had close (2) gen incon include o lentificat ublicly tr ivestme	S Part B of Instructions) for n of income or investment which: a value exceeding \$1,000 at the of the reporting period; and/or erated over \$200 in "unearned" ne during the reporting period. In this PART IIIA a complete tion of each public bond, mutual fund, raded partnership interest, excepted int funds, bank accounts, excepted fied blind trusts, and publicly traded a retirement plan.	None (or less than \$1,001)	\$1,001 - \$15,000	1	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	,	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
E	xample: D	S, IBM Corp. (stock)				X									Х							Example		Х										Example
		r J (S) Keystone Fund					Х										X		Х			Example	Х											Example
1		Uranium En. Corp. (stock)		×											×							:	X											
2		JNR Resources (stock)	×															x								X								
3		African Platinum (stock)	×															x						×										
4		Pan African Mining (stock)	×															×							×							П		
5	s	Principal Financial Group (stock)			x										×									×										
6	s	Principal Mid Cap Blend (MF)			x										x									×										
7	S	Principal Dir Int. (MF)		×											x									×										
8	S	Principal Large Cap Gr. (MF)		×											×									×										
9	S	American Funds, Am. Mut (MF)		×					Ī			1			×							·		×										
10	s	Fidelity Freedom Fund (MF)				×									×												×							
E	EMPTIO	N TEST (see instructions before marking box): If		:	م امما						- 4 - 44	41		_		· · ·			—		_					_						_		

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right. *** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting	Individual's	Name

PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

5

BLOCK A
Identity of Non-Publicly Traded
Assets and Unearned Income Sources

Report the name, address (city, state and description) of each interest held by you, your do Ins inv wh

- Inc ass bus pub

BLOCK B Valuation of Assets

At the close of reporting period. If None, or less than \$1,001, Check the first column.

BLOCK C Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

s	pouse,	or y	our dependent child (See p.3,														,	Ту	pe	of I	nco	me)					Am	oui	nt o	f In	cor	ne		
Ir ir w Ir a b	nstruction vestmenthich: (1) had close (2) ger incorn nclude t sset, whose	nt ir l a v e of era- ne a nich . Pi	OF REPORTS Part B of for the production of income or a non-public trade or business value exceeding \$1,000 at the the reporting period; and/or ted over \$200 in "unearned" during the reporting period. In the incidental to the trade or sublicly traded assets held by non-may be listed on Part IIIA.	None (or less than \$1,001)	\$1,001 - \$15,000		\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
E	xample: (S, DC.	JP Computer, Software Design, Wash DC				Х									Х							Example		х					П					Example
	-	or J	Undeveloped land, Dubuque, Iowa					Х															Example	X											Example
1		Ru	eter & Zenor Emp. Trust		×													×							×										
2		IΑ	Pub. Emp. Retirement Sys.		×													X							×										
3	J	Of	f Building, Stratford, IA			×											x							X											
4																																			
5																											•								
6		-																																	
7																																			
8			11																												\exists				
9																														一					
10																																			
F)	(EMPTIO	N TE	ST (see instructions before marking box): If y		amit	lod a		000	baaa		it ma	0010	410.00	1						L			- 41 - 1 4							ليب					

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right. *** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Ř	eporting Inc	fividual's	Name														Dar.	e Numbe	
1	George				PART VII.	LIAB	ILITIE	S									rage	6 6	31
r				· · · · · · · · · · · · · · · · · · ·				Ī	T	Ca	ten	orv (of A	moi	ınt c	of Va	مبراد		_
di pi	Report liabilities over \$10,000 owed by you, your sp CONTENTS OF REPORTS Part B of Instructions), during the reporting period. Check the highest amo period. Exclude: (1) Mortgages on your personal resecured by automobiles, household furniture or app certain relatives listed in Instructions. See Instructions accounts. Name of Creditor Address			B of Instructions), to a ck the highest amount on your personal resid- old furniture or applian	any one creditor at any time owed during the reporting ences unless rented; (2) loans nces; and (3) liabilities owed to	Date Incurred	Interest Rate	Term if Applicable	101 - \$15,000	5,001 - \$50,000	- \$100,000	- \$250,000	- \$500,000	- \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,000
	N	ame d	of Creditor	Address	Type of Liability				\$10,001	\$15,0	\$50,001	\$100,001	\$250,001	\$500,001	Over	\$1,00	\$5,00	\$25,0	Over
	Example:	S,	First District Bank	Wash., DC	Mortgage on undeveloped land	1991	13%	25yrs			Х		E	Х	Α	М	Р	L	E
	-Autilpie.	or J	(J) John Jones	Wash., DC	Promissory Note	1999	10%	On dmd				х	Е	X	Α	M	Р	L	E
1		Boone	Bank & Trust	Boone, IA	Promissory Note	2000	8.5%	15 yr	×										
2																			
3																			
4																			
5															ļ <u></u>				
6																			
7																			
8																			
9																			
10																		i	
11																			
12						T T		·									\Box	\neg	

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting Inc	livid	ual's Name
George	S.	Eichhorn

PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Page Number

7

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

	N	ame of Organization	Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Ex	cample:	National Assn. of Rock Collectors	NY,NY EXAMPLE	Non-profit education	President	6/90	Present
	· · · · · ·	Jones & Smith	Hometown, USA EXAMPLE	Law Firm	Partner	7/95	11/0X
1	Rueter	& Zenor Co.	Grand Junction, IA	for profit corporation	employee	7/03	5/08
2							
3							
4							
5							1
6							
7							
8							
9							
10				74. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
11							
12	· · · · · · · · · · · · · · · · · · ·						
13							

Compensation in excess of \$200 from any position must be reported in Part II.

Reporting Indivi	dual's Name
George S.	Eichhorn

PART IX. AGREEMENTS OR ARRANGEMENTS

Number 8

Report your agreements or arrangements for future employment (including agreements with a publisher for writing a book or sale of other intellectual property), leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.

H								
		Status and Terms of any Agreement or Arrangement	Parties		Date 1/93			
E	xample:	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)	Jones & Smith, Hometown, USA Example					
		Employment agreement with XYZ Co. to become Vice President of Government Relations. Terms of agreement include salary between \$50,001-\$100,000, signing bonus between \$2,501-\$5,000 and stock options	XYZ Co., Bethesda, MD	Example	1/0X			
1	None							
2								
3			4					
4								
5								
6			THE					
7								
8			100	V.V.				
9								
10				· · · · · · · · · · · · · · · · · · ·				
11			The state of the s					
12			**************************************					
13			7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
14								

Reporting Individual's Name

George S. Eichhorn

PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Page Number

9

FIRST TIME FILERS ONLY:

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or .any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

	Name of Source	Address of Source	Brief Description of Duties		
Example:	Jones & Smith	Hometown, TX	Legal Services	EXAMPLE	
	Metro University (client of Jones & Smith	Moneytown, USA	Legal Services in connection with university construction	EXAMPLE	
1 Ruete	er & Zenor Co.	Grand Junction, IA	services of employment		
2					
3					
4					
5					
6					
7				N° J	
3					
9					
0		,		· · · · · · · · · · · · · · · · · · ·	
1					
2					
3				 	
4					
5					